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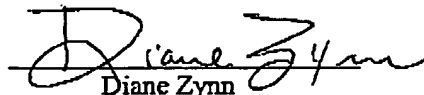
TO: U.S. Patent and Trademark OfficeExaminer: Eric Brice ChenArt Unit: 1765**DATE:** November 30, 2005**FROM:** Lawrence J. McClure**TIME:** _____**TOTAL NO. OF PAGES, INCLUDING COVER:** 7

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MESSAGE:**RE: U.S. Patent Application Serial No.:10/762,676; Our Ref. 81872.0055**

I hereby certify that the following documents:

- Preliminary Amendment/Amendment Transmittal Letter.
- are being facsimile transmitted to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

November 30, 2005
Diane Zynn**TELECOPY/FAX NUMBER:** (571) 273-8300 Art Unit 1765**CLIENT NUMBER:** 81872.0055**ATTORNEY BILLING NUMBER:** 1966**CONFIRMATION NUMBER:** (please return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81872.0055

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yosuke INOMATA

Serial No: 10/762,676

Confirmation No.: 5144

Filed: January 22, 2004

For: MULTICRYSTALLINE SILICON SUBSTRATE AND
PROCESS FOR ROUGHENING SURFACE THEREOF

Art Unit: 1765

Examiner: Eric Brice Chen

I hereby certify that this correspondence
is being transmitted via facsimile to
(571) 273-8300:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

November 30, 2005

Date of Deposit

Diane Zynn

Name

[Signature]

Signature

11/30/05

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	20 **	0	LG=\$18 SM=\$9	\$ [FEE] \$ 0
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$86 SM=\$43	\$ [FEE] \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290	\$ 0
Independent Claims: 1, 5 and 9					SMALL ENTITY FEE = \$145	\$ 0
					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

[Signature]
Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Dated: November 30, 2005

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Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

Appl. No. 10/762,676
Amdt. Dated November 30, 2005

Attorney Docket No. 81872.0055
Customer No.: 26021

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Diane Zynn

Name

Signature

11/30/05
Date

PRELIMINARY AMENDMENT

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which
begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.